

| | | | |
|---------------------------------|---|-------------------------------|--------------------------------|
| <i>SERFF Tracking Number:</i> | <i>WELL-126242549</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Centurion Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>43036</i> |
| <i>Company Tracking Number:</i> | <i>AR-09-CLI-106</i> | | |
| <i>TOI:</i> | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i> | <i>A02I.003 Single Premium</i> |
| <i>Product Name:</i> | <i>Individual Single Premium Deferred Annuity</i> | | |
| <i>Project Name/Number:</i> | <i>Form Filing/AR-09-CLI-106</i> | | |

Filing at a Glance

Company: Centurion Life Insurance Company

Product Name: Individual Single Premium
Deferred Annuity

TOI: A02I Individual Annuities- Deferred Non-Variable
SERFF Status: Closed-Approved- Closed

Sub-TOI: A02I.003 Single Premium
Co Tr Num: AR-09-CLI-106
Filing Type: Form

State: Arkansas
State Tr Num: 43036
State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 08/12/2009
Authors: Marlyn Freese, Mike Gooding
Date Submitted: 07/27/2009
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Form Filing
Project Number: AR-09-CLI-106
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/12/2009

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 07/09/2009
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/12/2009
Created By: Mike Gooding
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Mike Gooding
Filing Description:
Centurion Life Insurance Company - NAIC 471-62383
Filing of Single Premium Deferred Annuity Application

Fixed Annuity Application – 598 06/09

Enclosed for your review is Fixed Annuity Application, 598 06/09. Upon approval, this form will supersede Application

SERFF Tracking Number: WELL-126242549 State: Arkansas
 Filing Company: Centurion Life Insurance Company State Tracking Number: 43036
 Company Tracking Number: AR-09-CLI-106
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Individual Single Premium Deferred Annuity
 Project Name/Number: Form Filing/AR-09-CLI-106

APP SP001 10-2004, which was previously approved by your department on July 5th, 2005.

The Fixed Annuity Application will be used with Individual Single Premium Deferred Annuity policy SP003 08-2006, which was previously approved by your department on September 27th, 2006, and Group Single Premium Deferred Annuity Certificate CERT SP003 08-2006, which was previously approved by your department on June 26th, 2007.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Printing standards will not be lower than those required under Arkansas law.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Mike Gooding, Compliance Consultant michaelgooding@wellsfargo.com
 MAC: F4030-050 515-557-6218 [Phone]
 800 Walnut Street 877-282-7675 [FAX]
 Des Moines, IA 50309-3605

Filing Company Information

Centurion Life Insurance Company CoCode: 62383 State of Domicile: Iowa
 800 Walnut Street Group Code: 471 Company Type:
 5th Floor; MAC: F4030-050 Group Name: State ID Number:
 Des Moines, IA 50309-3605 FEIN Number: 42-0813782
 (515) 557-7218 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20 per form other than a policy
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|---------|----------------|---------------|
| Centurion Life Insurance Company | \$20.00 | 07/27/2009 | 29449374 |

| | | | |
|--------------------------|--|------------------------|-------------------------|
| SERFF Tracking Number: | WELL-126242549 | State: | Arkansas |
| Filing Company: | Centurion Life Insurance Company | State Tracking Number: | 43036 |
| Company Tracking Number: | AR-09-CLI-106 | | |
| TOI: | A021 Individual Annuities- Deferred Non-Variable | Sub-TOI: | A021.003 Single Premium |
| Product Name: | Individual Single Premium Deferred Annuity | | |
| Project Name/Number: | Form Filing/AR-09-CLI-106 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 08/12/2009 | 08/12/2009 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 07/28/2009 | 07/28/2009 | Mike Gooding | 08/12/2009 | 08/12/2009 |

| | | | |
|---------------------------------|---|-------------------------------|--------------------------------|
| <i>SERFF Tracking Number:</i> | <i>WELL-126242549</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Centurion Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>43036</i> |
| <i>Company Tracking Number:</i> | <i>AR-09-CLI-106</i> | | |
| <i>TOI:</i> | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i> | <i>A02I.003 Single Premium</i> |
| <i>Product Name:</i> | <i>Individual Single Premium Deferred Annuity</i> | | |
| <i>Project Name/Number:</i> | <i>Form Filing/AR-09-CLI-106</i> | | |

Disposition

Disposition Date: 08/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|---|-------------------------------|--------------------------------|
| <i>SERFF Tracking Number:</i> | <i>WELL-126242549</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Centurion Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>43036</i> |
| <i>Company Tracking Number:</i> | <i>AR-09-CLI-106</i> | | |
| <i>TOI:</i> | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i> | <i>A02I.003 Single Premium</i> |
| <i>Product Name:</i> | <i>Individual Single Premium Deferred Annuity</i> | | |
| <i>Project Name/Number:</i> | <i>Form Filing/AR-09-CLI-106</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|------------------------------|--------------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Certification 19s 10B | | Yes |
| Form (<i>revised</i>) | Fixed Annuity Application | | Yes |
| Form | Fixed Annuity Application | Replaced | Yes |
| Form | Fixed Annuity Application | | Yes |

SERFF Tracking Number: WELL-126242549 *State:* Arkansas
Filing Company: Centurion Life Insurance Company *State Tracking Number:* 43036
Company Tracking Number: AR-09-CLI-106
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: Individual Single Premium Deferred Annuity
Project Name/Number: Form Filing/AR-09-CLI-106

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/28/2009
Submitted Date 07/28/2009
Respond By Date 07/28/2009

Dear Mike Gooding,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: WELL-126242549 State: Arkansas
 Filing Company: Centurion Life Insurance Company State Tracking Number: 43036
 Company Tracking Number: AR-09-CLI-106
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Individual Single Premium Deferred Annuity
 Project Name/Number: Form Filing/AR-09-CLI-106

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/12/2009
 Submitted Date 08/12/2009

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird, we have submitted a revised Fixed Annuity Application (598 06/09) which includes the fraud statement noted in Arkansas code 23-66-503(a). Thanks.

Related Objection 1

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|---------------------------|-------------|--------------|-----------------------------|---------|----------------------|-------------------|-----------------------------------|
| Fixed Annuity Application | 598 06/09 | | Application/Enrollment Form | Initial | | 50.200 | |
| Previous Version | | | | | | | |
| Fixed Annuity Application | 598 06/09 | | Application/Enrollment Form | Initial | | 50.200 | 598 0609.pdf |
| Fixed Annuity Application | 598 06/09 | | Application/Enrollment Form | Initial | | 50.200 | 598 Fixed Annuity App - Arkansas. |

| | | | |
|---------------------------------|---|-------------------------------|--------------------------------|
| <i>SERFF Tracking Number:</i> | <i>WELL-126242549</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Centurion Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>43036</i> |
| <i>Company Tracking Number:</i> | <i>AR-09-CLI-106</i> | | |
| <i>TOI:</i> | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i> | <i>A02I.003 Single Premium</i> |
| <i>Product Name:</i> | <i>Individual Single Premium Deferred Annuity</i> | | |
| <i>Project Name/Number:</i> | <i>Form Filing/AR-09-CLI-106</i> | | |

pdf

No Rate/Rule Schedule items changed.

Sincerely,
Marlyn Freese, Mike Gooding

SERFF Tracking Number: WELL-126242549 State: Arkansas

Filing Company: Centurion Life Insurance Company State Tracking Number: 43036

Company Tracking Number: AR-09-CLI-106

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable

Product Name: Individual Single Premium Deferred Annuity

Project Name/Number: Form Filing/AR-09-CLI-106

Form Schedule

Lead Form Number: 598 06/09

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|---------|----------------------|-------------|--------------------------------------|
| | 598 06/09 | Application/ Fixed Annuity Enrollment Application Form | Initial | | 50.200 | |
| | 598 06/09 | Application/ Fixed Annuity Enrollment Application Form | Initial | | 50.200 | 598 Fixed Annuity App - Arkansas.pdf |

Centurion Life Insurance Company

Fixed Annuity Application

Complete this application, and return the original to Centurion at the following address:

Centurion Life Insurance Company
MAC: F4030-05C
800 Walnut Street
Des Moines, IA 50309

Retain one copy in customer file and one copy in agent file.

Fixed Annuity Application

Centurion®

Centurion Life Insurance Company
800 Walnut Street • Des Moines, IA 50309

Section 1 - Annuitant

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____
Marital Status (select one): ☐ Married ☐ Single ☐ Widow/Widower
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Country of Citizenship (if not a U.S. Citizen) _____

Section 2(a) - Owner (if not annuitant)

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____
Marital Status (select one): ☐ Married ☐ Single ☐ Widow/Widower
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Country of Citizenship (if not a U.S. Citizen) _____

Section 2(b) - Joint Owner (if any)

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____
Marital Status (select one): ☐ Married ☐ Single ☐ Widow/Widower
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Country of Citizenship (if not a U.S. Citizen) _____

Section 3 - Beneficiary(s)

Primary Beneficiary

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____ Percentage _____ %
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____ Percentage _____ %
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____ Percentage _____ %
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____

Please attach a separate page if you need to list additional beneficiaries. All attached documents must be signed and dated by the applicant.

Section 4 - Plan

Select one product: ☐ Classic 3 ☐ Classic 5

Type of Annuity/Plan Type for New Contract:

Non-Qualified: ☐ Non-Qualified - New Money
☐ Non-Qualified - 1035 Exchange (like to like transfer)
☐ Internal Conversion-Contract Number _____

Qualified: ☐ Traditional IRA contribution for Tax Year _____ ☐ Roth IRA contribution for Tax Year _____
☐ Traditional IRA transfer ☐ Roth IRA transfer
☐ IRA rollover from qualified plan _____
(plan name)

If applicable, has the required minimum distribution for the current tax year been met? ☐ Yes ☐ No

Section 5 - Premium Payments

Premium Submitted with Application \$ _____

Anticipated Value of 1035 Exchange/Transfer/Rollover \$ _____

Section 6 - State Fraud Notices

These notices only apply in certain states. Please read them carefully to see if any apply in your state.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines, criminal penalties, or confinement in prison.

Maryland: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal or civil penalties.

Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Arkansas, Texas and West Virginia: FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Section 7 - Existing Coverage/Replacement

Do you currently have any existing individual life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this contract replace any life insurance policy or annuity contract in this or any other company? ☐ Yes ☐ No

If either or both of the questions in this section are answered "Yes", please complete and return with this form a copy of any applicable state replacement form(s).

Special Requests

Signatures

The Owner agrees to the following: (1) The answers in this application are true to the best of my knowledge and belief. (2) The effective date of this Contract will be the date the full initial premium is received at the home office. (3) No agent or person other than the officers named in the Contract has the authority to change or modify this Contract or waive any of its provisions.

PAYMENTS MUST BE MADE PAYABLE TO CENTURION LIFE INSURANCE COMPANY. DO NOT MAKE ANY CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. DO NOT PAY IN CASH.

Signed at (City, State): _____ Date: _____

Signature of Annuitant: _____

Signature of Owner (if other than annuitant): _____

Signature of Joint Owner (if any): _____

Agent's Replacement Question:

Will this annuity replace or change another insurance policy or annuity? ☐ Yes ☐ No

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were (1.) left with the Proposed Owner and (2.) retained in my files. I certify that the required disclosure material has been presented to the applicant.

Agent's Signature: _____

Agent's Name (print): _____ Telephone #: _____

Agent's Centurion Number: _____ Agent's License Number: _____

SERFF Tracking Number: WELL-126242549 State: Arkansas
Filing Company: Centurion Life Insurance Company State Tracking Number: 43036
Company Tracking Number: AR-09-CLI-106
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Individual Single Premium Deferred Annuity
Project Name/Number: Form Filing/AR-09-CLI-106

Supporting Document Schedules

Item Status: Status
Date:

Satisfied - Item: Flesch Certification

Comments:

Attached is the Readability Certification

Attachment:

Readability Certification.pdf

Item Status: Status
Date:

Satisfied - Item: Application

Comments:

This form filing is a filing a an application. See the Form Schedule tab for the proposed application

Item Status: Status
Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: Not required with this filing

Comments:

Item Status: Status
Date:

Satisfied - Item: Certification 19s 10B

Comments:

Certification as required by regulation 19s 10B.

Attachment:

Certification 19s10B.pdf

CERTIFICATION

I hereby certify that the enclosed forms have achieved Flesch scores exceeding the required minimum of 40 and are printed, except for schedules and tables, in not less than ten-point type, one point lead. Thereby these forms submitted meet the reading ease requirement in accordance with Arkansas Insurance Code 23-80-206 Form and Readability Requirements; Flesch reading ease test.

Company: Centurion Life Insurance Company

Signature: _____
Jolene K. Edgington, President

Date: 7/26/2009

| FORM NUMBER | FORM TITLE | FLESH SCORE |
|-------------|---------------------------|-------------|
| 598 06/09 | Fixed Annuity Application | 50.2 |

Centurion Life Insurance Company

800 Walnut Street

Des Moines, Iowa 50309-3636

I certify that this submission meets the requirements of Arkansas Insurance Regulations: Rule and Regulation 19s 10B as well as the applicable requirements of the Arkansas Insurance Department.

Date: July 26, 2009

Mike Gooding, Insurance Compliance Specialist

| | | | |
|---------------------------------|---|-------------------------------|--------------------------------|
| <i>SERFF Tracking Number:</i> | <i>WELL-126242549</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Centurion Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>43036</i> |
| <i>Company Tracking Number:</i> | <i>AR-09-CLI-106</i> | | |
| <i>TOI:</i> | <i>A02I Individual Annuities- Deferred Non-Variable</i> | <i>Sub-TOI:</i> | <i>A02I.003 Single Premium</i> |
| <i>Product Name:</i> | <i>Individual Single Premium Deferred Annuity</i> | | |
| <i>Project Name/Number:</i> | <i>Form Filing/AR-09-CLI-106</i> | | |

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|-----------------------|-----------------|---------------------------|--------------------------------------|-----------------------------|
| 07/26/2009 | Form | Fixed Annuity Application | 08/12/2009 | 598 0609.pdf (Superceded) |

Centurion Life Insurance Company

Fixed Annuity Application

Complete this application, and return the original to Centurion at the following address:

Centurion Life Insurance Company
MAC: F4030-05C
800 Walnut Street
Des Moines, IA 50309

Retain one copy in customer file and one copy in agent file.

Fixed Annuity Application

Centurion®

Centurion Life Insurance Company
800 Walnut Street • Des Moines, IA 50309

Section 1 - Annuitant

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____
Marital Status (select one): ☐ Married ☐ Single ☐ Widow/Widower
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Country of Citizenship (if not a U.S. Citizen) _____

Section 2(a) - Owner (if not annuitant)

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____
Marital Status (select one): ☐ Married ☐ Single ☐ Widow/Widower
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Country of Citizenship (if not a U.S. Citizen) _____

Section 2(b) - Joint Owner (if any)

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____
Marital Status (select one): ☐ Married ☐ Single ☐ Widow/Widower
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Country of Citizenship (if not a U.S. Citizen) _____

Section 3 - Beneficiary(s)

Primary Beneficiary

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____ Percentage _____ %
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____ Percentage _____ %
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name _____ Birthday (MM/DD/YYYY) _____
Street Address _____ Percentage _____ %
City _____ State _____ Zip Code _____ Telephone # _____
Sex _____ SSN/TIN _____ Relationship to Annuitant _____

Please attach a separate page if you need to list additional beneficiaries. All attached documents must be signed and dated by the applicant.

Section 4 - Plan

Select one product: ☐ Classic 3 ☐ Classic 5

Type of Annuity/Plan Type for New Contract:

Non-Qualified: ☐ Non-Qualified - New Money

☐ Non-Qualified - 1035 Exchange (like to like transfer)

☐ Internal Conversion-Contract Number _____

Qualified: ☐ Traditional IRA contribution for Tax Year _____ ☐ Roth IRA contribution for Tax Year _____

☐ Traditional IRA transfer

☐ Roth IRA transfer

☐ IRA rollover from qualified plan _____
(plan name)

If applicable, has the required minimum distribution for the current tax year been met? ☐ Yes ☐ No

Section 5 - Premium Payments

Premium Submitted with Application \$ _____

Anticipated Value of 1035 Exchange/Transfer/Rollover \$ _____

Section 6 - State Fraud Notices

These notices only apply in certain states. Please read them carefully to see if any apply in your state.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines, criminal penalties, or confinement in prison.

Maryland: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal or civil penalties.

Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas and West Virginia: FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Section 7 - Existing Coverage/Replacement

Do you currently have any existing individual life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this contract replace any life insurance policy or annuity contract in this or any other company? ☐ Yes ☐ No

If either or both of the questions in this section are answered "Yes", please complete and return with this form a copy of any applicable state replacement form(s).

Special Requests

Signatures

The Owner agrees to the following: (1) The answers in this application are true to the best of my knowledge and belief. (2) The effective date of this Contract will be the date the full initial premium is received at the home office. (3) No agent or person other than the officers named in the Contract has the authority to change or modify this Contract or waive any of its provisions.

PAYMENTS MUST BE MADE PAYABLE TO CENTURION LIFE INSURANCE COMPANY. DO NOT MAKE ANY CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. DO NOT PAY IN CASH.

Signed at (City, State): _____ Date: _____

Signature of Annuitant: _____

Signature of Owner (if other than annuitant): _____

Signature of Joint Owner (if any): _____

Agent's Replacement Question:

Will this annuity replace or change another insurance policy or annuity? ☐ Yes ☐ No

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were (1.) left with the Proposed Owner and (2.) retained in my files. I certify that the required disclosure material has been presented to the applicant.

Agent's Signature: _____

Agent's Name (print): _____ Telephone #: _____

Agent's Centurion Number: _____ Agent's License Number: _____